

**REFUND FORM**

**Note:** This form must be used to apply for a refund of your tuition fees. It can be lodged in person at the Campbell Institute's reception or via email to [accounts@campbellinstitute.edu.au](mailto:accounts@campbellinstitute.edu.au). All refunds will be processed as per the information included in the International Student Handbook about fees and refunds.

Student Name:	Student ID:
Gender:    Male    Female    Other	Date of Birth:
Contact Email:	Contact Number:
Residential Address:	
Course Name:	Course Start Date:
Agent Name:	

**Reason For Refund: Please select below & attach the required documentation.**

- Student Visa Refused (attach documentary evidence from Department of Home Affairs)
- Changing Education Provider (copy of new Letter of Offer must be attached)
- Course was cancelled by Campbell Institute
- Withdrawing from course due to compassionate or compelling circumstances
- Other: \_\_\_\_\_

**Bank Details**

Payment into a bank account    Bank Name:	
Account Name:	BSB Number:
Account Number:	
<b>International Bank Account (please provide the following additional details)</b>	
Branch Name:	
Bank Address:	Country:
SWIFT Code/ BIC Code:	IFSC Code/ IBAN Code:
Checklist:	<input type="checkbox"/> I have attached copies of relevant supporting documentation that can be verified.
	<input type="checkbox"/> All fields of this refund request form are completed in full.

**Student Declaration/ Consent**

- I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments.
- I understand that the incomplete form will cause a delay in the refund process.
- I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.
- I declare that the information I have given on this application is correct and understand that knowingly making false or misleading statements may cause cancellation of my enrolment and/or further consequences.
- I also authorise the Campbell Institute to gather and obtain any necessary information about this application.
- I authorise Campbell Institute to transfer the refund amount to either my nominated bank account or the person who initially made the payment of course fees.

Student Signature:

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Form Received By:	Form Received Date:
<b>Refund Authorisation</b>	
Date Processed:	Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Refund Amount:	
CEO/Delegate's Signature:	Date:
<input style="width: 90%; height: 40px;" type="text"/>	_____
<b>Account Checkliste</b>	
CoE Cancelled:	XERO Updated:
RTOM Updated:	Acknowledgement to Student:
Processed By:	Position:
Officer's Signature:	Date:
<input style="width: 90%; height: 40px;" type="text"/>	_____